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Annual Meeting of Catholic Physicians

The annual meeting for Catholic physicians will be held Wednesday, June 11, 1952. The occasion is sponsored by The Federation of Catholic Physicians' Guilds but not necessarily limited to membership. All Catholic doctors are cordially invited to attend.

The place — The Conrad Hilton, Chicago

The time — 12:30 p.m. — Luncheon

A short program will follow the luncheon.

If you have not mailed your reservation to date, you are urged to do so at once.

The President's Page

In the last letter to you we covered the facts to prove that the Church in the very early days of Her inception sheltered under Her wing the practice of medicine -- or, at least, a practitioner of medicine. That tradition of friendship and sponsorship of the science, the art and the practice of medicine came down intact through the centuries to the medieval ages-- or, to what the critics of the Church prefer to brand as the "Dark Ages."

How dark, actually, were those so-called "Dark Ages?" Let's look at the evidence brought forth within the last few years by two notable medical writers -- Doctors Willius and Dry of the Mayo Clinic. Their testimony gives the lie to canards about medieval medicine. This is to be found in A History of the Heart and Circulation published by Saunders.

These two writers call attention to what appears to be the world's first real medical center and medical school ever organized -- that at Salerno in Italy, probably in the tenth century. That institution reached the height of its influence and prestige in the twelfth century -- in the middle of the "Dark Ages." Salerno's center was notable for these facts: it was the first school to prescribe specific pre-medical training; it established a definite medical curriculum; it was the first to require formal classroom courses and definite clinical application to patients of the knowledge imparted in the classroom, and it demanded a type of training that is directly related to our present-day internship.

Salerno grew steadily in breadth and stature towards the summit of its influence in the middle of the thirteenth century (still in the "Dark Ages," mind you) until its civil ruler, Fredrick II, issued what is known now as the Medieval Law for the Regulation of the Practice of Medicine. You can judge how medieval -- and how modern -- the regulations were by some of the features.

Here are some of the highlights: 1. A physician must have a diploma from a university and a license from the government. 2. He must have studied three years in preparation before taking up the study of medicine. 3. He must have studied three years in

medical school. 4. He must practice one year with a licensed physician before he be allowed to take up practice on his own account. 5. If the medical student desired to take up surgery, he must have made special intensive studies in anatomy. 6. This thirteenth century law for the protection of the health of Fredrick's realm is especially interesting because it also regulated the purity of drugs. In that respect it anticipated our own federal pure food and drug law by seven centuries. 7. It also had passages which would not allow a druggist to substitute or to have any financial connection with a physician.

Although we do not know definitely just when the medical school was founded at the University of Salerno, we do know that a hospital was established there as early as 828.

We have only to read Garrison's History of Medicine to appreciate this background. I quote from page 131 of the Third Edition:

"The growth of the Christian virtue of compassion toward weakness and suffering, and the more elevated and enlarged conception of the position and mission of women that grew out of it, led to new departures in medicine along untried paths, particularly in nursing the sick and in erecting hospitals everywhere for their care. Only idle bigotry could affirm that the Pope and Emperor did not do a great deal for medicine in the advancement of good medical legislation, in the chartering and upbuilding of the medieval universities, in the great hospital movement of the middle ages, and in the encouragement of individual medical talent in many cases."

The same historian had this to say specifically about the relations between churchmen and medical men at Salerno:

" . . . The whole character of the school -- that is the medical school at Salerno -- was that of an isolated laical institution -- a medical city in the midst of purely clerical foundations . . . But the city itself was a bishopric -- after 974 an archbishopric -- where the Benedictines had a cloister and a hospital. The friendliest relations are said to have existed between the clergy and the physicians of Salerno." (Page 137, Third Edition)

So much for this part of the early story. I will follow with a few of the other developments in the midst of these "Dark Ages" which have been of a great deal of interest to me.

William P. Chester, M.D.

Official Statement on Rhythm

GERALD KELLY, S. J.

IN HIS DISCOURSE to Italian midwives (Oct. 29, 1951) Pope Pius XII spoke at some length on the morality of using rhythm as a means of family limitation. It is my purpose here to outline what he said on this subject, then to compare his remarks with the article, "Morality of Rhythm," which is published in *Medico-Moral Problems*, II, 26-31.

What the Pope Said

The Pope opened the third part of his discourse by exhorting the midwives to try to inspire married women with an appreciative love of motherhood. Realizing, however, that many women would want to avoid children, the Holy Father pointed out to the midwives their duty to know the teaching of the Church on the moral aspects of family limitation. He recalled the official pronouncements against contraceptive practices and that more far-reaching form of contraception, direct sterilization.

As regards the scientific aspect of rhythm, he said it is expected that midwives should know this and be able to instruct others either verbally or by means of serious professional publications. On the juridical side, he posed a question familiar to canonists; is a marriage valid if the parties contract it with the intention of limiting intercourse to the sterile periods? And his answer to the question was given with a distinction that is also familiar to canonists. The marriage would be invalid if the parties intended to restrict the *right* to intercourse to those periods, because this would mean that they were not giving a *perpetual* right, which is essential to the contract. If, however, they merely intended to restrict their *use* of the marriage act to the sterile periods, the marriage would be valid; but this intention would be licit only according to the principles governing the use of rhythm.

In a final preliminary statement, the Pope pointed out that there can be no moral problem in the use of marriage during the sterile periods, when the use is not limited to those periods. For intercourse had at these periods is in itself a natural act and nothing is done by the parties themselves to frustrate its natural consequences. The moral problem, therefore, arises only when intercourse is restricted to the sterile periods. This is the problem ordinarily meant when we speak of using rhythm. The Pope then

proceeded to give the first official papal statement on the morality of this procedure.

The very nature of their state, said the Holy Father, imposes on married people who choose to exercise the marital act the duty of making some contribution to the preservation of the race. This duty is not sufficiently fulfilled (i. e., when the marriage act is restricted to the sterile periods) merely by placing the act in a natural manner, with the willingness to accept children if they are conceived. On the other hand, as an affirmative duty (i. e., a duty to do something), it admits of excuse for proportionately serious reasons. The habitual use of rhythm without such reasons is a sin against the duty to contribute to the preservation of the race.

Speaking of the reasons that might justify rhythm, the Holy Father referred to the "so-called indications" of a medical, eugenic, economic, or social nature. Obviously he had in mind the conditions that are sometimes proposed as "indications" for therapeutic abortion, contraception, or sterilization. The Church has consistently asserted that, since these acts are intrinsically immoral, there can never be any "indication" to justify them. But the Pope here suggests that these same reasons might sometimes be sufficiently serious to exempt married people from the duty of having children, and thus afford a justification for the use of rhythm for a long time or even throughout married life.

Such are the general principles concerning the morality of using rhythm. Having stated them, Pius XII then referred to extreme cases in which sound medical reasons absolutely contraindicate pregnancy and the use of rhythm is not feasible. In such cases, he said, the parties are not to be counseled, much less commanded, to run the risk of pregnancy. (In saying this, he hardly intended to say that the married people themselves would never be justified in running such a risk after they had prayerfully considered the matter). Even in these extreme cases, they are not to be aided in any of the intrinsically evil practices. The only permissible way of avoiding the risk is continuous abstinence from intercourse—a course of action which, though truly heroic, is certainly possible with the grace of God.

The foregoing is a digest of the Pope's statement on rhythm, as contained in the third part of his address to the midwives. About a month later (Nov. 26), in an address to the National Congress of the 'Family Front,' he again pointed to the essential difference between rhythm and contraceptive methods, and added: "One may even hope (but in this matter the Church naturally leaves the judgment to medical science) that science will succeed in providing this licit method with a sufficiently secure basis, and the most recent information seems to confirm such a hope."

Comparison with Article

I should like now to make a brief comparison between the Pope's remarks and the article, "Morality of Rhythm," in *Medico-Moral Problems*, II 26-31. The article is divided into three sections: (1) points on which theologians agree; (2) points of disagreement; and (3) some conclusions for doctors. The first and third parts are not affected by the papal pronouncement—except in the sense that much of what is said in these sections is explicitly confirmed by the words of the Holy Father. The material in these two sections is extremely valuable for doctors, and I would encourage them to read and re-read them.

The second section of the article outlines two points of controversy among theologians: the *reason why* the practice of rhythm, without justifying cause, is sinful; and the *gravity* of the sin. Both points should be carefully scrutinized in the light of the recent papal statement.

As regards the first point, there were many theologians who held that married couples have no positive duty to procreate. This opinion will no doubt become obsolete, because it is not consonant with these words of the Holy Father: "... matrimony obliges to a state of life which, while carrying with it certain rights, also imposes the fulfillment of a positive work connected with that state of life. . . The matrimonial contract, which confers upon the parties the right to satisfy the inclination of nature, constitutes them in a state of life, the state of matrimony. Now, upon the parties who make use of this right by the specific act of their state, nature and the Creator impose the function of providing for the conservation of the human race. This is the characteristic contribution from which their state of life derives its peculiar value: *bonum prolis*—the blessing of offspring."

As regards the second point of controversy, the majority of theologians held that the practice of rhythm, without sufficient reason, is not in itself seriously sinful, but it would be seriously sinful only by reason of special circumstances—e.g. *injustice*, if one party would unjustifiably impose it on the other; and *unwarranted danger*, if the practice of, or attempt to practice, the rhythm would involve the unjustifiable and serious danger of incontinence, discord, or divorce. A minority opinion held that the use of rhythm, without serious reasons, would in itself be a serious sin if continued over the space of five or six years.

Some proponents of this minority opinion have evidently concluded that Pius XII has "settled" this controversy in their favor. To me, and to several very competent theologians with whom I have discussed this matter, this seems a hasty conclusion. It is true, we believe, that the papal statement calls for some modification in what was formerly the majority opinion. The

Pope definitely said that married people who exercise their marital rights have a positive duty to provide for the conservation of the human race. He called this a primary duty, a duty expressing the very meaning of conjugal life, a duty very important to society, a duty that calls for serious reasons to exempt from it. It is hard to reconcile these statements with the opinion that the practice of rhythm can be mortally sinful only by reason of special circumstances of injustice or danger. In this sense, therefore, the majority view needs some modification.

But it is one thing to say that the practice of rhythm, without serious reasons, *can be* a serious violation of the duty to procreate; and it is quite another thing to say that the gravity of the violation is to be measured in terms of five or six years. The Pope did not assert this time rule; and it is at least debatable whether he even implied it.

One proponent of the time rule claims that it is implied in the following words of the Holy Father: "Therefore, to embrace the married state, continuously to make use of the faculty proper to it and lawful in it alone, and, on the other hand, to withdraw always and deliberately with no serious reason from its primary obligation, would be a sin against the very meaning of conjugal life." To some theologians (including myself) this passage refers, not to the practice of the rhythm over any given period of time, but rather to the total or almost total shirking of the duty of parenthood: e.g., by completely avoiding a family or by limiting the family to one or two children, when serious reasons do not call for such limitation. We do not propose this interpretation as certain; but we believe it is of at least equal merit with the view that any given length of time would constitute a mortal sin. Moreover, we believe that the point should be carefully discussed by theologians before any practical rule is publicized.

Conclusion

In conclusion, I should like merely to indicate one topic that will very likely become the object of interesting and profitable discussion, now that the Pope has definitely stated that married people who use their rights have a positive duty to contribute to the preservation of the human race. The question now arises: is this duty in itself a limited one, or is it limited only by the existence of one or more of the serious reasons that justify the practice of rhythm?

An example will clarify the point of discussion. Suppose a married couple, leading a normal married life, could have ten children during the space of their childbearing years. Would such a couple be justified in using rhythm, without any of the justifying reasons mentioned by the Pope, in order to limit their family to four or five children?

Before indicating the possible trend of answers to the question, let me make it perfectly clear that the problem concerns only the matter of *duty*. If this couple is healthy, if childbirth offers no exceptional danger to the mother and no special danger of defective offspring, if there is no special difficulty about housing, educating, supporting the large family—then certainly it is in keeping with sound Catholic *idealism* to have the large family of ten (or more) children.

The problem, therefore, concerns merely the duty; and specifically the duty of “providing for the conservation of the human race.” Is this duty limited only by the excusing causes mentioned by the Pope; or is it, independently of these causes, limited to the making of a *reasonable* or *average* contribution to the preservation of the race?

If only the *words* of the Pope are considered, one might argue, I think that, for those who choose to exercise their marriage rights, the only limitation on the duty to procreate is to be found in the serious reasons of a medical, eugenic, social, or economic nature. Consequently, in the absence of these reasons, the couple who can have ten children by leading a normal sexual life are not justified in using rhythm to limit their family to less than that number.

On the other hand, if the duty to procreate is considered in the light of similar obligations toward society, as well as toward one's neighbor, it is in itself limited. It would bind each couple to make an ordinary, or an average, contribution in terms of the population needs. This would mean that every fertile couple that chooses to use their marriage rights should have a family of perhaps four or five children, if they can, because that seems to be approximately the number required of each couple in order to make proper provision for the population needs.

If the second interpretation of the duty to procreate were taken as a sort of working norm of obligation, it would allow for the following practical rules: To have more than four or five children is an ideal which should be encouraged. To use the rhythm to limit the family to four or five children is permissible, even without special excusing causes, provided both parties are willing and able to practice it. To use rhythm to limit the family to less than four children requires one of the justifying reasons mentioned by the Pope.

I would favor the second interpretation. But I would not propose it as certain. And, even supposing that the general idea of a limited duty to procreate were certain, I would not say that the norm I have suggested here—four or five children—is not open to debate.

Sociological Implications of Rhythm Method Practice

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WHILE THERE SEEMS to be an adequate amount of information concerning the effectiveness and extent of practice of contraception, the same does not seem to be true regarding the rhythm method. In speaking of the effectiveness of any various effects of contraception and the rhythm method, we are considering only the scientific aspects. We take it as well known to the readers of this magazine that contraception is always morally wrong; whereas rhythm as a method of conception-control can be licit. We use the term "contraception" to designate conception-control through the use of chemicals or mechanical devices. ("Withdrawal" is, of course, another method, but it did not enter into our study.) The term "rhythm method" denotes the method of conception-control based on calculations of the woman's fertile period, the couple abstaining from intercourse during that period. Synonyms used by various writers include: rhythm theory, periodic abstinence or continence, the safe period, Ogino-Knaus method or theory, natural birth control, and natural conception-control.

Within the past fifteen years, several surveys of the opinions of both laymen and doctors have been made on the broad subject of birth control and the various forms of conception-control taken as a whole.¹ From these and the study summarized here, there is evidence that the knowledge and practice of the relatively new Ogino-Knaus method of conception-control is becoming widespread. The fact of cycles of fertility and sterility has been known, of course, for centuries; but the method is "relatively new" (1929) in the sense that it provides a rather accurate means of determining the fertile and sterile periods within narrow limits. There are statements that it is becoming widespread.² If this method is being used by an increasing number of married couples, it is important that sociologists, marriage counselors, students of the family, demographers, doctors, and clergymen know the direction and extent of spread, as well as the sociological implications of this development.

A survey of St. Louis doctors was undertaken in 1949 to add to our information on the practice of the rhythm method. The survey was limited to gynecologist-obstetricians, general practitioners, and internists, in the belief that these would be in the best position to answer our questions. A summary of the results follows. Only those results pertinent to the sociological implications are given here. Other articles give more details.³ (1) Of almost 10,000 patients of the doctors, about 31 per cent were reported to be using the rhythm method—24 per cent exclusively, and 7 per cent in combination with artificial contraceptives. (2) About 50 per cent of the doctors thought there has been an increase in the use of the rhythm method. When asked to distinguish by religious affiliation, two-thirds thought there had been an increase among Catholics, 30 per cent said there had been an increase among Protestants, 22 per cent among persons unaffiliated with any religion, and 12 per cent among Jews. (3) In answer to the question "Is the rhythm method too complicated for effective use by most women?", two-thirds of the doctors said that it was not. About 83 per cent of the gynecologist-obstetricians said that it was not too complicated, as compared with 63 per cent of the internists and 54 per cent of the general practitioners. (4) The mean percentage effectiveness of artificial contraceptives, according to the opinions of the doctors, was 85 per cent (S. D. 8.8); the corresponding figure for the rhythm method was 65 per cent (S. D. 25.0). The median percentage effectiveness was 93 per cent for contraceptives, 71 per cent for the rhythm method. (5) Younger doctors tended to ascribe a higher degree of effectiveness to the rhythm method; mean age of those giving it a 70-plus effectiveness was 44 years, of those giving it a 69-minus effectiveness was 48 years.

From this study, and others previously cited, it seems clear that the use of the rhythm method is on the increase, particularly among Catholic married couples but to some extent among all religious groups. As the use of the method spreads, it may be expected that more and more people will learn of the technique and its effectiveness. Two-thirds of the doctors queried did not think the method too complicated for effective use by most women, and their average estimate of its effectiveness was 65 per cent. It is true that the high standard deviation—25 per cent—indicated considerable difference of opinion among the doctors, but the fact that younger doctors gave it a higher rating may be interpreted to mean that similar studies made five, ten or more years hence will show a higher average estimate of effectiveness and a lesser scatter of opinions, particularly in view of the fact that clinical studies give a higher per cent effectiveness than the average given by the doctors.⁴ Half of the doctors thought that the practice of the rhythm method is increasing; this does not necessarily mean

that it is gaining favor, since the use of contraceptives has also probably increased. Even so, a larger number of couples is apparently using the method, a fact that may be expected to have certain effects both on population and on the family.

Regarding population, there seem to be several possibilities. First, if one believes that the rhythm method is a radical improvement in technique (and there are many who do)⁵ it is possible that it could have a depressing effect on the birthrate, if the method is used solely for conception prevention. The opinion of T. J. Woofter, arrived at by deductive reasoning, that there is a possibility that "we are approaching . . . a point when the spread of family limitation is beginning to show diminishing returns,"⁵ may have to be modified. In fact, Woofter foresees this possibility when he says:

We may, therefore, deduce that *barring some radical improvement in technique*, the effects of future diffusion of birth control methods may be expected to exert a progressively weaker depressing force on the birth rate, especially in the urban white population.⁷ (Italics ours).

Since the rhythm method is most appealing to the group which, according to Pearl,⁸ has been most resistant to contraceptive practices—the Catholics—its wider use among this religious group may have just such a depressing effect. While it is possible that some couples may be abandoning contraceptives in favor of the rhythm method—thus leaving the net effect on population about the same—there is some reason to believe that the method is being used by some couples who have not used contraceptives. For example, Dr. C. E. Gorman says:

Even the most scrupulous of people are not offended at this type of birth control. It is a selective means and not a preventive or contraceptive system. It is accepted and approved by the medical profession as the ideal if it can be removed from the realm of theory and placed among the natural laws. Furthermore it has received the approbation of the clergy of all denominations, and the public in general.⁹

Second, if one believes with Dr. Gorman, just cited, that the rhythm method "is a selective means and not a preventive or contraceptive system," knowledge of fertility rhythm could have a stimulating effect on the birthrate. That this is more likely than the first, or negative possibility, at least for Catholics, is indicated by the fact that Catholic writers on the subject are careful not to advocate the rhythm method but limit themselves to discussing the conditions under which it may be permitted. Perhaps the most complete discussion is that of Orville Griesse. He considers four types of reasons: (1) ordinarily sufficient for permanent practice of the rhythm method;

(2) ordinarily sufficient for temporary practice; (3) doubtfully sufficient motives; and (4) insufficient motives.¹⁰ In the most widely used manual of the method,¹¹ every effort is made to impress on the couple their obligation of parenthood. In other words, there is no organized campaign by church authorities to induce Catholic couples who may have grave and valid reasons to avoid pregnancies to practice the rhythm method as a means of conception-control, although it is probable that few Catholic couples marrying today are ignorant of the existence of the method, even though they may not be fully acquainted with the details of its operation. Thus, the weight of Catholic official action and unofficial advice tends toward an increase, rather than a decline of population.

Further evidence to support this stimulating-effect theory might be uncovered if studies were undertaken to determine the conception-control practices, if any, of a sample of the millions of couples responsible for the upsurge in the U.S. birthrate during and since World War II.

Regarding marriage and the family, it would seem that wider use of the rhythm method could have three possible effects. First, since one of the major factors in marital discord is assumed to be emotional immaturity,¹² it may be argued that the modicum of self-control required for successful practice of the rhythm method will contribute to emotional maturity; hence, its wider use could mean fewer disorganized families in the future, certainly a desirable social effect.

Second, although no definite statement can be made regarding all women and all contraceptives, yet it seems clear that for some women the use of certain types of contraceptives results in harmful psychological effects. If it be assumed that these effects will influence the marital relationship unfavorably, the replacement of contraception by the rhythm method could increase the ratio of happily married couples. One of the doctors in the study calls attention to this possibility:

Being reasonably assured that their relationship will not result in pregnancy, couples much prefer the use of rhythm to the use of chemical and mechanical barriers and the donning of armor. Rhythm is definitely a deterrent to infidelity. At one period it renews the [continence] of the courtship, the next period is a recapture of the delight of the honeymoon.

Finally, for those couples who desire to build a family, knowledge of fertility rhythm can be used in a positive way to plan for children. As a number of doctors in our study remarked, when the calculations of the method are supplemented with the basal temperature chart (basal temperature is a check on the rhythm method since the temperature curve gives added information concerning the time of ovulation¹³), the time when con-

ception is most likely to occur can be predicted within very narrow limits. Various doctors cited cases of childless couples who succeeded in satisfying their desire for children by applying the method. Its more widespread use could result in more children and especially in more children who are desired. It might be argued that the simple abandonment of artificial contraceptives could have the same effect. However, this qualification should be made: mere abandonment of contraceptives will tell the couple nothing about the time when conception is most likely to occur.

Our study has suggested certain lines for future research, including the following: (1) Is the rhythm method being used for controlling or for preventing conception? To answer this question, such matters as family size, child-spacing, economic status, and opinions of the married people themselves would have to be known. As suggested earlier, a sample study of the conception-control practices, if any, of the millions of couples who have contributed to the high war and post-war birthrates in the U.S. might show that wider practice of the rhythm method has had a stimulating, rather than a depressing effect on population. (2) Are the results of this study typical of large cities or specific to St. Louis? Research in other cities and in rural areas might reveal significant differences. (3) Suggested by this study is the possibility that the spread of the rhythm method as a culture trait has been much more rapid than the earlier spread of contraceptives. If this is true, the possible factors involved readily suggest themselves but should be subjected to empirical research and critical analysis.

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The Myth of Overpopulation

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SINCE THE END of World War II and up to the time of the writing of this article, 40 prominent and widely publicized books and more than 400 articles in 86 influential journals have been published on the topic of overpopulation and related subjects. Each of the books and articles has attempted to prove or support the myth of overpopulation. (Let us not, from the start, confuse overpopulation with population pressure which is a temporary lack of balance between population and food supply.) The significance and importance of the topic is obvious. What is not so obvious is the fact that there seems to be a definite if not deliberately organized plan to foist upon the American people a misconception, scientifically unfounded, whose primary purpose is to support the immoral trends of birth control, euthanasia and sterilization.

The man who unwittingly started all this was Robert Malthus, an English Clergyman who published the first scientific treatise in demography in 1798: *An essay on the principle of population as it affects the future improvement of society, with remarks on the speculations of Mr. Godwin, M. Condorcet and other writers*. A pious and God-fearing soul, Malthus never realized what distorted interpretations would be given to his ideas one hundred and fifty years after the publication of his book.

Malthus predicated his theory of overpopulation on these two assumptions: (1) That the degree of the sex urge will vary not at all, or very little, throughout the ages, no matter what the circumstances of the particular time. (This has now become a principle of certain modern psychiatrists, birth controllers and advocates of sterilization who believe that sex in any form is essential for the proper development of each individual.) (2) That food is necessary for man's existence. This latter assumption is readily admissible.

On the basis of these two assumptions, and without any real scientific proof, he formulated his theory, namely, that population increases in a geometric ratio while the food supply increases in an arithmetic ratio. Therefore, according to Malthus, there will always be more people than there will be food for those people.

Although demography has long ago demonstrated that this theory is methodologically and mathematically false, the idea of overpopulation has persisted almost with the regularity of periodicity, the theory has been revived to plague the world in a cyclical fashion since the time of the English clergyman. For instance, the Eugenic Movement throughout the world, in order to popularize its position, attached itself to the cloak of Malthus and thus the Neo-Malthusian movement was born. This Neo-Malthusianism has given birth to, among others, our modern approach to scientific birth control (Planned Parenthood), sterilization (Human Betterment League, Birthright, Inc.) and euthanasia.

In order to promote their movements, the Neo-Malthusians have written a horror story to frighten the public into supporting them. This horror story is played on many of the stages of our leading publications and on the platform of our best sellers. The two most popular and successful bookings were those produced by Fairfield Osborn in his *Our Plundered Planet* and by William Vogt in *Road to Survival*.

The mythical fear overpopulation rests upon two assumptions which have never been substantiated. The first is that population is bound to rise indefinitely higher and higher, unless checked by birth control, war, starvation, etc. The second is that the food supply and food production cannot keep pace with population increase.

To answer adequately the first assumption that there are too many people on earth now and that there will be an alarmingly increasing number of people, would require reams of statistics. (Some of these data will be presented in a subsequent article on Birth Control.) However, it is generally recognized by leading demographers that in the Western world the danger of a declining population is more real than that of an expanding population. This finding is supported by a study, to cite one important investigation, made by the League of Nations in 1944, as well as by a careful perusal of the *Demographic Yearbook*, 1949-1950 of the U. N. On the other hand, it is not known for certain how rapidly, if at all, the population of the East, with the exception of a few countries like Japan, is increasing. The East may, with the full introduction of the Industrial Revolution and the accompanying increase in sanitation, reduction in the death rate, and increase in life-expectancy, realize for a short time (for a generation or two) a rapid increase of births over deaths. This has been the characteristic tendency in all nations after they had been subject to the Industrial Revolution. However, a decline in the birth rate, as well as a decline in population increase, accompanies the climax of the Industrial Revolution. That is, once the Industrial Revolution has been fully introduced into a country,

its effect is to contribute to a decline in population growth. The U. S. is a perfect example of this effect. Reference to the birth rate trends in the U. S. from 1915 (25 births per 1000 population) to 1940 (18 per 1000 population) suffices to establish the validity of this statement. What is true for the U. S. in this respect is also true for such countries as England and France. Even the comparatively high post-World War II birth rate has also begun to decline in this country as well as throughout most of the Western world.

Significantly, the most emphasized and the most effective argument of the Neo-Malthusianists is that there is not enough land and also not enough food to support the present and the future increases in population. This is basically a false argument presented by those who do not realize two facts: (1) Soil can be stretched. (2) Man is not the servant of the soil; he is its master.

Nevertheless, for proof of the fallacy of this argument based on scarcity of land, let us select four facts from among a myriad.

Fact One: It is the studied and verified opinion of Harold G. Moulton of the Brookings Institution in his book *Controlling Factors in Economic Development* that the United States has the ability to support a doubled population, one hundred years from now, on a plane of living eight times as high as that of the present. If these possibilities exist in the United States, think what the possibilities may be in underdeveloped countries in the world!

Fact Two: According to Dr. Robert M. Salter, chief of the United States Agricultural Administration, although 48 per cent of the land area of the world is useless for agriculture, only 7-10 per cent of the remaining 52 per cent is cultivated at present. Thus, it should be obvious that there is plenty of room for expansion. In fact, Dr. Salter believes that actually all of the 52 per cent of the present available land could be made productive if there was a good reason to make it so.

Fact Three: Specifically, India and China have much potentially good land whose present yields are pitifully low. A little fertilizer (see Fact Four), and a few simple modern improvements in agricultural technique would make a huge difference in India's and China's food supply.

Fact Four: Immediately prior to the writing of this article, the Monsanto Chemical Company demonstrated (on December 29, 1951) before the American Association for the Advancement of Science, in Philadelphia, a new synthetic chemical that converts nonproductive soil into productive soil in the matter of hours. This revolutionary chemical, named Krilium, is not a fertilizer. It is a soil conditioner that quickly restores the physical

structure of the soil to the proper consistency. When it is sprayed or dusted on bare soil, but not plowed under, it binds the surface particles into a porous, crumbly crust. Even on steep slopes, rain has little effect on it; thus it prevents soil erosion. Furthermore, Krilium-treated soil holds more water than untreated soil, and so resists drought.

One pound of Krilium has essentially the same effect on soil structure as two hundred pounds of peat moss or five hundred pounds of commercial compost. One treatment of the soil lasts for at least two and one-half years.

If this be true, deserts could be made to bloom, sub-marginal lands could be made economically productive, and crop yields could be increased from twenty to one hundred per cent. The basic argument of the Neo-Malthusians is thereby riddled into ineffectiveness.

World starvation is not around the corner. We will not multiply like Australian rabbits and like fruit flies. We have enough food, food potential and food production know-how, to take care, at present, of at least twice the current world population. The problem here is not one of overpopulation (how long could you have more people than food to support the people?)—not one of biology—but rather of economics. You cannot solve the economic problem of population pressure by a biological solution. The problem is putting available soils into full and sustained production, through increase in agricultural efficiency, spread of scientific agricultural methods and techniques to the so-called backward peoples of the world, the abandonment of ancient superstitions and practices of the peasants of the East (such as the sacred cows of India), utilization of that which is good in industrialization and, above all, through more equitable distribution of the existing and potential goods and services of this world.

Our answer to the pseudo-scientific, mumbo-jumbo arguments of the modern Neo-Malthusianists can best be expressed in the cryptic words of TIME magazine: "The land is there, the hands to work it are there, the brains are there. If [man] uses his head, he can eat heartily—indefinitely."

Federation Executive Board Meeting Scheduled

The Executive Board of the Federation of Catholic Physicians' Guild will meet at 9:30 a.m., June 11, 1952, The Conrad Hilton Hotel, Chicago.

The Board comprises the elective officers of the Federation and one delegate from each active constituent Guild.

ROSE of the HAWTHORNES

Albert S. Murphy, M. D.
Guild of St. Luke of Boston

One of the most inspiring stories of self-sacrifice and charity contributed by a lay person to medical care is that of a woman who was eventually known as Mother Alphonsa. Born Rose Hawthorne, daughter of the illustrious Nathaniel, in Lenox, Massachusetts in 1851, she died as Superior of her religious community in 1926. This remarkable transition of a talented literary figure from the salons of Park Avenue to a humble servant of the poor of the East Side of New York is an edifying example of religion at work.

Rose was blessed by a fine family background from both her father and mother, whose model marriage and deep faith were exemplary. Like many literary figures who later became famous, Nathaniel Hawthorne could provide for his family only by long hours of arduous writing and the skillful management of his devoted and clever wife. The children were always allowed and urged to enter financial discussions concerning the family. Thus, Rose gained, at an early age, the ability to efficiently use whatever money was available. This faculty was later of inestimable value to her in her life's mission.

We first have an inkling of Rose's interest in Catholicism during an early trip to Rome, when she accompanied her father on a combined business and study tour. The entire Hawthorne family, with a sincere religious background, was inspired by the examples of Church art encountered in Italy. For Rose, however, the major impact was the chanting of Vespers by the Madames of the Sacred Heart. These glimpses into the sound family training and early leanings make the eventual role of Mother Alphonsa on the one hand more understandable but on the other somewhat of an enigma. For Rose Hawthorne did not always lead a sheltered life. She rapidly attained personal stature as a literary figure in her own right. She was becoming socially prominent just at the time when the climax of her life occurred.

In 1893, Rose Hawthorne Lathrop and her husband were received into the Church. Within a year she had begun her life's work of caring for the cancerous poor. She had decided to live life rather than to write about it. Her choice of how to accomplish this is the more striking when we realize that she had always been a sensitive soul who loved the beautiful things of life and to whom ugliness was repulsive. Once the die was cast, however, she willingly exchanged the security of home and the glamour of literary circles for the drudgery and insecurity of caring for the cancerous poor.

To Mrs. Lathrop, Rose of the Hawthornes, there was really little hesitation about the decision. She wanted to offer up the stench of life for the immortal fragrance of Heaven. Charitable acts and laborious service she felt were valueless unless combined with a spirit which spread to the soul. She often found the poor unattractive and the sick poor almost revolting, but she never allowed herself the luxury of the contemptuous indifference which we so often see. To Rose, the real charity was that exemplified by the Good Samaritan. She did no preaching about theoretical attempts to prevent poverty, but rather lent all her energy toward a practical attention to alleviating its drawbacks.

The decision of Mrs. Lathrop to enter her chosen field was brought about in typical fashion. When one of her young literary friends died of cancer, she was naturally upset but was not deeply moved, for this woman had ample funds to purchase what comforts were available. Shortly thereafter, however, she was struck by the sad plight of a hitherto capable and self-supporting seamstress who developed incurable cancer, became a destitute outcast, and died in loneliness. This cemented her decision to devote her energy and life to help poor people die happier. She had no illusions about cures. Let the scientists look to that. There would always be the cancerous poor dying, and these she felt she could help.

Accordingly, she went at great personal and financial sacrifice to the New York Cancer Hospital for a three months' training course. It was there that she finally overcame her natural revulsion for her chosen work and learned the practical aspects of fundamental bedside nursing care. While in training, she met the woman who was later to become her first patient. The poignant details of Rose's first home for the sick poor, started with two rooms and \$1.50, epitomizes her whole approach to life. She never sidestepped a problem regardless of the odds against her. A less resourceful person would not always have succeeded. She was gradually able to increase the number of rooms as the demands of prospective patients grew. Progress was halting and arduous. Money was very scarce. Often the furnishings were shabby and second-hand, but they were always immac-

ulate. Not infrequently, crates and boxes served as chairs until some stalwart friend could contribute from a meagre income. East Side New York was incomparably poorer then than now.

As more patients sought care, the need for personnel became as pressing as that for materiel. We gain considerable insight into the strength of Mrs. Lathrop from the writings of the future Mother Rose, who in 1897 as Mrs. Alice Huber, came from Louisville to help in the nursing problem, but was about to leave on more than one occasion because of the poverty and hardships. But when she saw Rose give up her own bed for one of these poor creatures, and realized the sacrifices of her leader, she became a staunch supporter and eventually succeeded Mother Alphonsa. Anyone dealing with the terminal care of cancer patients has likewise learned that such help cannot be bought. An appeal to higher motives is necessary. It is for such reasons that many of our leading institutions for terminal care have a religious background.

By 1899, Rose and her group had banded together and were ecclesiastically recognized as the Servants of Relief for Incurable Cancer. They had now moved to larger quarters and were caring for 12 to 15 patients constantly. Our protestations to the contrary notwithstanding, today's hospital and dispensary aid to the sick poor tends to be impersonal and superficial. This was never so with Mother Alphonsa's group. We could learn many a lesson from reading of her charitable acts and the contagion of her spirit in her colleagues. It was said that her dying cancerous poor were often more serene than the well-to-do benefactors who came to visit.

Later, Rose Hawthorne became Mother Alphonsa of the Sister Servants of Relief of the Third Order of St. Dominic. But she never gave up her close contact with the patients. She even procured a nearby lot so that she could supervise their funerals and burials, and thus complete her task of caring for the cancerous poor physically and spiritually. On the other hand, she never completely lost contact with the world. For, although she regretfully would not so much as travel to Concord for the centenary of her now famous father, she numbered many of her former literary friends among her contributors. Letters of encouragement with money to match from one S. L. Clemens were among these. Before the end of her productive and happy life in 1926, Mother Alphonsa, Rose of the Hawthornes had 40 faithful Sister Servants and more than 200 patients in two separate homes.

In the world in which we live today, the great understanding given by the Spirit of Wisdom must involve us in a lot of suffering. We shall be obliged to see the wound that sin has inflicted on the people of the world. We shall have X-ray minds; we shall see through the bandages people have laid over the wounds that sin has dealt them; we shall see the Christ in others; and that vision will impose an obligation on us for as long as we live, the obligation of love; when we fail in it, we shall not be able to escape in excuses and distractions as we have done in the past; the failure will afflict us bitterly and always. —

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